

AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. USF-183XC1
SERIAL NO. 10/526,584	FILING DATE March 3, 2005	EXAMINER Qian Janice Li, M.D.	GROUP ART UNIT 1633
INVENTION Materials and Methods for Treatment of Allergic Diseases			

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☒ Applicant claims small entity status.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

(1)

(2)

(3)

SMALL ENTITY

OTHER THAN A
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 23	MINUS	** 21	2
INDEP.	* 8	MINUS	*** 6	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				0

RATE	ADDIT. FEE
\$25	\$50.00
\$100	\$200.00
\$180	\$ 0.00
Total addit. fee	\$250.00

OR

RATE	ADDIT. FEE
\$50	\$0.00
\$200	\$0.00
\$360	\$0.00
Total addit. fee	\$0.00

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."

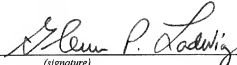
*** If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- ☒ Please charge my Deposit Account No. 19-0065 in the amount of \$ 250.00.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. Two additional copies of this paper are enclosed.
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

June 13, 2007

(date)


(signature)